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<b>SERIAL NUMBER</b> 10/629,427	<b>FILING OR 371(c) DATE</b> 07/29/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> 630666.91012
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## APPLICANTS

Michael J. Yaszemski, Rochester, MN;  
 Jonathan A. Friedman, Rochester, MN;  
 Michael J. Moore, Rochester, MN;  
 Anthony J. Windebank, Rochester, MN;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/399,250 07/29/2002 *mm*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*NONE*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/28/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 4	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>mm</i>				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

26710

## TITLE

Spinal cord surgical implant

<b>FILING FEE RECEIVED</b> 1370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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